

Section I

Name: _____ ID No: _____
(If no SSN, use passport, work permit, Can SIN)

Division: _____ Dept/Group: _____

Date of Birth: _____ Job Title: _____
(Month, Day, Year)

Sex: M / F Telephone Ext.: _____ Mail Stop: _____ Bldg/Room: _____
Badge Racks: ANI ARC ATS CC CH CHL FEL FEL GRD MCC TC TL VAR

Section II

Previous Exposure Information

Yes/No I have previously been monitored for ionizing radiation exposure. (I have completed an
(circle one) ionizing radiation record transfer request for each facility listed on page 2).

-If above is answered YES, complete the following:

Yes/No I have been monitored for ionizing radiation during the current calendar year. If Yes, I am
(circle one) providing:

_____ A. A record of any exposure received, prepared by the site(s) performing the monitoring:
Or:

_____ B. An exposure estimate which I believe to be true, pending receipt by Jefferson Lab or my
current year dose record(s).

Section III Note to Contract Employees/Student Interns/and Users: Statement of Understanding

Prior to termination of a job assignment at Jefferson lab, each non-SURA employee trained as a Radiation Worker must report to the Radiation Safety Office (Trailer 52B) to return his/her TLD Badge, and verify forwarding address for radiation exposure records.

Signature: _____ Estimated Date of Assignment Termination: _____

Section IV Supervisor's Statement

Yes/No The above named person has completed Radiation Worker Training, and as such requires
(circle one) radiation dosimetry for the performance of his/her assigned duties.

-OR-

Yes/No The above named person has not completed Radiation Worker Training and as such
(circle one) requires an escort AT ALL TIMES while in a Radiologically Controlled Area and may also require an escort if they have not taken TJNAF GERT training.
The undersigned supervisor agrees to insure that this visitor will be escorted at all times while in a Radiologically Controlled Area or in a Controlled Area, as appropriate.

Approvals:

_____/_____/_____/_____
Supervisor/Sponsor/SOTR Date Dept. Head or Hall Header Date

Sec V RCG Use
Radiation Worker Training completed(date): _____ TLD No.: _____ Date: _____
GDS (init/date): _____ HPA (init/date): _____ Terminated (init/date): _____

Section VI**Personnel Information**

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone Number: _____

Employment Information:

Jefferson Lab Employee _____ User _____ Contractor _____ Student _____ DOE _____ Other _____

Employer's Name (if other than Jefferson Lab): _____

Address: _____

Email address: _____

Sect VII

Facilities for Which Dose Records are Being Requested (If more space is needed attach additional pages)

		RADCON USE ONLY		
Facility Name	Dates Monitored	Transfer Request Sent	Records Received	Comments

This list contains the names of all the facilities at which I have been monitored for ionizing radiation.

Signature _____

/ _____
Date

The information requested on this form is required for purposes of complying with US Federal Code 10CFR835. If the information is not provided, Jefferson Lab may not be able to provide the dosimetry services requested. All information is handled in accordance with Privacy Act of 1974 (Section 1, Publ. L. 93-579; Title 5, United States Code Section 551a) requirements.

**Radiation Control Office
Thomas Jefferson National Accelerator Facility
Ionizing Radiation Record Transfer Request**

Employee (print name)

Signature Required

Identification Number

Date of Birth (month, day, year)

Previous Facility name and address (street address and zip code required)

Date(s) you were employed or visited the facility

Please forward my ionizing radiation exposure records to:

Thomas Jefferson National Accelerator Facility
Radiation Control Office
Attn: Becky Mosbrucker MS 52B
12000 Jefferson Avenue
Newport News, VA 23606
(757) 269-7236 - office
(757) 269-5048 - fax

Date of this request: _____

Please send the requested information in the following format, if available, for each period of exposure:

1. Deep Dose Equivalent
2. Lens of Eye Dose Equivalent
3. Shallow Dose Equivalent
4. Shallow Dose Equivalent to the Extremities
5. Committed Effective Dose Equivalent

This information is requested by the Head, Radiation Control Group, Thomas Jefferson National Accelerator Facility. The information is requested under provisions of U.S. Federal Code, Title 10 Part 835.